

<b>Commonwealth of Massachusetts Division of Medical Assistance Provider Manual Series</b>  COMMUNITY HEALTH CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX E: UTILIZATION MANAGEMENT PROGRAM		<b>PAGE</b> E-1
	<b>TRANSMITTAL LETTER</b> CHC-73	<b>DATE</b> 12/01/05	

## Information Required for Admission Screening

The following is a list of information the admitting provider or designee must give the MassHealth Utilization Management contractor when proposing an elective admission. MassHealth may request additional information at any time to clarify the details of any admission. See 130 CMR 450.208 for regulations about admission screening.

- the member's name and address
- the member's sex
- the member's date of birth
- the member's MassHealth identification number
- the guardian's name and address, if applicable
- if applicable, the name of the member's primary care clinician (PCC) and one of the following:\*
  - the telephone number of the PCC;
  - the provider number of the PCC; or
  - the address of the PCC.
- if applicable, whether the PCC has been notified of the proposed admission
- other health-insurance information
- whether the member is being treated as a result of an accident, and if available, the date and type of accident
- the expected or actual dates of admission and discharge
- the name and provider number of the attending physician
- the name of the hospital
- the primary and secondary diagnoses
- the primary and secondary procedures, if applicable
- the ICD-9-CM codes for both the diagnoses and procedures, if available
- clinical information that supports the medical necessity of the proposed admission and/or procedure
- other pertinent information the admitting provider has considered in deciding to admit the member

**\*Please note:** Information about the member's PCC is not required if the admission is for dental, oral-surgery, family-planning, or abortion services.

## Contact for Utilization Management Program

Contact information for the MassHealth Utilization Management Program contractor is given below. (See 130 CMR 450.207 through 450.209 for the Utilization Management Program regulations.)

MassPRO, Inc.  
235 Wyman Street  
Waltham, MA 02451-1231

Telephone: 1-800-732-7337  
Fax: 1-800-752-6334

<b>Commonwealth of Massachusetts</b> <b>Division of Medical Assistance</b> <b>Provider Manual Series</b>  COMMUNITY HEALTH CENTER MANUAL	<b>SUBCHAPTER NUMBER AND TITLE</b> APPENDIX E: UTILIZATION MANAGEMENT PROGRAM		<b>PAGE</b> E-2
	<b>TRANSMITTAL LETTER</b> CHC-73	<b>DATE</b> 12/01/05	

This page is reserved.